

WYATT L. McVEE
Perry, 321 Spotswood

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

09/581593

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6	1					
7	1					
8	1	1				
9	1	1				
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TOTAL IND.	3					
TOTAL DEP.	18	↓	↓	↓		
TOTAL CLAIMS	21					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL CLAIMS								